inimally ag	Brown Warterm CA	09,5.3				•	
	Under the paperner		•	1		PTO/SB/D6 (Oa hrough 7/31/2006, OMB 0651-0 DEPARTMENT OF COMMER plays a valid OMB control numb ration or Oocket Number	
1 ***	PATE	Coduction Act of 1995, no	ersons are remirred to	U.S. Patoni an	Approved for use to	PTO/SB/06 (0.8 1. DEPARTMENT OF COMMISSION	-031
:		" APPLICATION	FEE DETERMIN	ATION Colection of	Information unless & co-	DEPARTMENT OF COMUS	032
		Substitute	for Form PTO-875	ALION RECORD	Appli	prays a valid OMB control num	CE .
٠.,		LAIMS AC THE !	1			alian or Docker Number	الت
:		LAIMS AS FILED	PARTI	:		51531336	)   .
:	FOR !		(Column 2)	· IAMZ	C1/7:	OTUG	Η.
4	BASICEEE	HUMBER FILEO	1	- i	ENTITY OR	OTHER THAN SMALL ENTITY	- 1
	(37 CFR 1,16(a))		HUMBER EXTR	RATE	l cor	AMAGE EIGHTY	- 1
· .i	TOTAL CLAIMS:	1			FEE	'RATE FEE	7
:	INDEDCAME	minus 20 =		11-	OR OR	FEE	
	(37 CFR 1.16(b))			X 5 =	1 1	1	_1
	MULTIPLE DEPENDENT CLA	minus · )	i .	X 1 -	OR OR	X3 :	7
	ENDENI CLA	IM PRESENT (37 CF)	R 1.16(d))		OR	Xs	4
	* If the difference in column 1		1 (0))	-+s			1
- 1		is less than zero, auter 0	in column 2		OR	+5	7
	CLAIMS	AS AMENDED - PA		. 101AL	OR	-	1
	*	WEINDED - BY	RTII	i		TOTAL	Ι.
·	(Cotu	nn 1)	i _	· !			
: 1	∢ CLA	M4S (Co	turnn 2) (Column 3	Summer			
moul	HE REMA	INING   HIG	HEST VBER PRESENT	SMALLEN	TITY OR	OTHER THAN	
الم أعامة	AFT AMENO	MENT PREV	OUSLY EXTON	RATE	ADDI.	SMALL ENTITY	
. 4	C CFR 1 25cm	Minus "PAIC	FOR	11: 1:	TIONAL	RATE . ADDI-	
	Z. Independent	1	8 1. 1	7	FEE	TIONAL	
	ξ -	. Minus ··· !	4 .	- XS=	100	FEE	
1.5	FIRST PRESENTATION OF M			lix: T	OR X	3	
	The state of the s	ULTIPLE DEPENDENT COM	(37 CFR 1 15(0)	1	OR X		·
1	8121AE		1,10(0)1	+3 .	1		
	C(0)	i i		TOTAL .	OR [+1		
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	- AFTER	NUMBE					
OM	Total   AMENOME	7 1 PABIFO	SLY   EYTO.		oi .	10.00	
2	157 CFR 1.16(c))	Minus "	7	FE		ADDI-	and the second
. [ 밑[	Independent (37 CFR 1.16(b))	Minus		2 X	<del>-</del>	FEE	-
	7	4	1		OR X s_	_ =	
<u> </u>	FREST PRESENTATION OF ARIL T	PLE DEPENDENT O	The state of the s	X \$	OR XS		
1.		Total 13	7 CFR 1.15(dl)	1.5		=======================================	
- 1 -		.   1		TOTAL	OR + 5		
	(Column 1)			ADDI FEE	TOTAL		
1.01	CLAIMS	(Column 2	(Column 3)		OR ADD'L	FEE	
	REMAINING	HIGHEST NUMBER					
	AFTER	PREVIOUS	PRESENT EXTRA.	RATE . ADDI-	7		· Š
ENDM 85 3	Total	Minus PAID FOR		TIONAL	RAT	E	
Z	disposed in the special		1	FEE		TIONAL	
	CAR FIEED	Minus ···	<del>  </del>  -	X s =	7 :	FEE	
¥ FE	ST PRESENTA		, , ,	x s	OR XS	-	
	ST PRESENTATION OF MULTIPLE	DEPENDENT CLAM	R 1.16(d))	***	OR XI		
•   •	<b>!</b>			2	1		
# 17 10	e entry in column 1 is less than thighest Number Previously Highest Number Previously		ī	OTAL		(a)	
H to	e Highest Number Previously Highest Number Previously Highest Number Previously Particular Previously Particul	Paid South Column 2, write	· A	DOLFEE	OR ADD'L FE	77 at 1824, 2	
The	Highest Number Previously	ald For IN THIS SPACE	s less than 20, enter -	20"	T av MODI FEI		
LIBOTA	on of information by	TOTAL OF Indehense	- neines 3.		<u>:</u>		
including on	Highest Number Previously in Alighest Number Previously Pon of Information is required to increase an application. Confidencing, proporting, and submitted of time you require to complete the Confidency of the Province of Commissioner for the Province of	y 37 CFR 1.16. The Inform	ration is charter to	per found in the appropria	le barta cat		
on the smou	ni of time you make and submitte	of the completed and	S.C. 122 and 37 CFR	otain or relain a benefit	y the public water		
ADDRESS:	THE Office, U.S. Department of	in this form and/or suggesti	ons for met.	Time will very depond	stimated to take 12 min	ules to come the	
1	nt of time you require to complete to Comp	Palents, P.O. Box 1450.	Alexandria, VA 22141	unden, should be sent to	upon the individual case	Any complete:	
	ll unu ass	00X 1450, A	lexandria, VA 22313.	1450. DO NOT SEND FE	ES OR COMPLETED	Ticor, U.S. Palent	
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. :			1-000.47	U-9189 and select option	2,		
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